

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155359		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2011	
NAME OF PROVIDER OR SUPPLIER RIVERBEND HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7519 WINCHESTER ROAD FORT WAYNE, IN46819			
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F0000	<p>This visit was for the investigations of Complaint IN00092525 and Complaint IN00092763.</p> <p>This visit was in conjunction with a Post Survey Revisit (PSR) to the investigation of Complaint IN00091336 completed on June 8 2011.</p> <p>Complaint IN00092525-Substantiated. Federal/state deficiencies related to the allegations are cited at F 311.</p> <p>Complaint IN00092763-Substantiated. Federal/state deficiencies related to the allegations are cited at F 311.</p> <p>Survey dates: July 6, 7, 8, 2011</p> <p>Facility number: 000250 Provider number: 155359 AIM number: 100289980</p> <p>Survey team: Ann Armey, RN TC Angela Strass, RN (July 7, 8, 2011)</p> <p>Census bed type: SNF/NF: 47 Total: 47</p> <p>Census payor type:</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0311 SS=D	<p>Medicare: 5 Medicaid: 38 Other: 4 Total: 47</p> <p>Sample: 5</p> <p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 7/11/11 by Suzanne Williams, RN</p> <p>A resident is given the appropriate treatment and services to maintain or improve his or her abilities specified in paragraph (a)(1) of this section.</p> <p>Based on interviews and record review, the facility failed to assure residents received restorative services. This deficiency affected 3 of 3 residents, who were to receive restorative services, in a sample of 5. (Residents #B, #E, and #F)</p> <p>Findings include:</p> <p>1. The closed clinical record of Resident #B was reviewed on 7/6/11 at 1:00 p.m. and indicated the resident was initially admitted to the facility on 12/19/03 and was re-admitted to the facility on 2/4/10 with diagnoses which included, but were not limited to, hypertension, chronic back pain and right eye blindness.</p>			F0311	<p>This Plan of Correction does not constitute an admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this Statement of Deficiencies. This Plan of Correction is prepared solely because it is required by State and Federal law.F311 TREATMENT / SERVICES TO IMPROVE / MAINTAIN ADLSELEMENT #1 Resident B no longer resides in the facility. Resident E and F have been reassessed by Therapy for the need for Restorative Nursing Services. Resident E, per Therapy is not appropriate for a Restorative Program. A Restorative Program has been established and initiated for resident F.ELEMENT #2 Review of Residents discharged from</p>		07/18/2011

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	<p>On 6/20/11, the resident was transported to the emergency room by a family member, following a fall in the facility, and was subsequently admitted to the hospital with a left fifth metatarsal fracture and a left zygomatic arch fracture. Resident #B did not return to the facility.</p> <p>Physician orders, indicated the following: On 3/31/11, The resident was referred to therapy "for decline in ambulation & (and) transfers." On 4/1/11, Occupational and Physical therapy were ordered five times per week for 5 weeks. On 5/5/11, Physical Therapy and Occupational Therapy was discontinued and the resident was to be referred "to RNP (restorative nursing program) effective 5/6/11."</p> <p>The Therapy to Restorative Nursing Recommendations, dated 5/5/11, signed by the unit manager, the MDS Coordinator and the Therapist, indicated the resident was a fall risk. The recommendations indicated Resident #B was to ambulate 120 feet with a front wheel walker, stand-by assistance or contact guard assistance, and was also to participate in a dressing/grooming program.</p> <p>There was no documentation Resident #B</p>				<p>Therapy to Restorative Nursing Program since January 1,2011, has been completed. There were 16 residents reviewed with 7 residents identified as requiring a Restorative Nursing Program. A Restorative Nursing Program has been established and initiated for 7 residents.ELEMENT #3 Process change will be initiated through the Daily Clinical Meeting. Up on resident discharge from Therapy Services with recommendations for Restorative Nursing Services, the information will be brought to the Daily Clinical meeting for evaluation by the Interdisciplinary Team (IDT) and the Restorative program will be established. The IDT will ensure complete instructions are placed on the Care Tracker (Electronic Charting for the Certified Nursing Assistants). The Director of Nursing or Designee will complete a weekly review of residents on a Restorative Nursing Program to ensure documentation is completed and the needs of the residents are being met. The Certified Nursing Assistants will document daily on the Care Tracker (Electronic Charting) completion of individualized plan for each resident.The IDT has been re-educated on the Restorative Nursing Program.The Licensed Nurses have been re-educated to review the completion of individualized plan by the Certified</p>		

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	<p>received restorative services or that an ambulation or grooming restorative program was initiated.</p> <p>On 7/6/11 at 3:00 p.m., the Physical Therapist was interviewed and indicated he was unsure who was in charge of the restorative nursing program.</p> <p>On 7/7/11 at 9:30 a.m., the interim DON indicated there had been changes in the administrative staff and they could not find any information that Resident #B received restorative care after she was discharged from therapy on 5/5/11. She indicated they were aware there was a problem with the restorative nursing program, and the interim MDS (Minimum Data Set) staff person was now taking responsibility for the restorative nursing program.</p> <p>On 7/7/11 at 11:00 a.m., the MDS Coordinator indicated there were changes in management and the restorative program was not getting done. She indicated she started getting a program organized 2-3 weeks ago.</p> <p>On 7/7/11 at 1:10 p.m., CNA #1, who regularly worked on Resident #B's hall was interviewed and indicated Resident #B was not in a restorative program.</p>				<p>Nursing Assistants with documentation via the Care Tracker. The Certified Nursing Assistants have been re-educated on where the directions for individual residents will be on the Care Tracker with required documentation. ELEMENT #4 The Director of Nursing or Designee will QA residents discharged from Therapy Services weekly for four weeks then Monthly to ensure Restorative Nursing Programs are established and implemented as indicated. All areas of concern will be addressed immediately. Findings will be reported to the Administrator weekly and reviewed in the RMQI Monthly. This process will be on going. ALLEGATION OF COMPLIANCE JULY 18, 2011</p>		

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	<p>2. The clinical record of Resident #E was reviewed on 7/7/11 at 2:00 p.m. and indicated the resident was admitted to the facility on 10/13/09, with diagnoses which included, but were not limited to, multiple sclerosis and depression.</p> <p>Physician orders, dated 4/6/11, indicated the resident was to be referred to the restorative nursing program for range of motion for the bilateral lower extremities to prevent contractures.</p> <p>The Therapy to Restorative Nursing Recommendations, dated 4/6/11, signed by the previous Director of Nursing and the Therapist, indicated the resident was a fall risk. The recommendation indicated the resident was to receive 10 repetitions of flexion and extension to the extremities.</p> <p>There was no documentation Resident #E received the restorative services ordered.</p> <p>3. The clinical record of Resident #F was reviewed on 7/8/11 at 9:30 a.m., and indicated the resident was admitted to the facility on 10/8/03 with diagnoses which included, but were not limited to, brain injury and aphasia.</p> <p>The Quarterly Minimum Data Set Assessment, dated 5/17/11, indicated</p>						

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	<p>Resident #F received a score of 13 on the BIMS (Brief Interview of Mental Status) and his cognition was intact.</p> <p>Physician orders, dated 4/1/11, indicated he was to receive Physical and Occupational therapy five times each week for five weeks.</p> <p>Physician orders, dated 5/5/11, indicated the therapy was to be discontinued and the resident was to be referred to the restorative nursing program.</p> <p>The Therapy to Restorative Nursing Recommendation form signed by the unit manager, MDS Coordinator, and Rehabilitation Director indicated resident #F was to receive restorative transfer training, and walking/gait assistance.</p> <p>There was no documentation the resident received the restorative services.</p> <p>Resident #F was interviewed on 7/8/11 at 10:00 a.m. and indicated by spelling on a communication board, that sometimes a friend and the therapist walked with him but the aides did not walk with him because they "say I'm too tall to handle."</p> <p>On 7/8/11 at 11:15 a.m., the Director of Nursing indicated there was no documentation that Residents #B, #E, and</p>						

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	<p>#F received the recommended restorative services.</p> <p>On 7/8/11, the facility's policy, revised 8/10, provided by the interim Director of Nursing, was reviewed on 7/8/11 at 11:00 a.m. and indicated</p> <p>"...The facility strives to enable residents/patients to attain and maintain their highest practicable level of physical, mental, and psychosocial functioning...A licensed nurse manages the restorative nursing process with assistance of nursing assistants trained in providing restorative care....</p> <p>6. Document individualized restorative goals and interventions.</p> <p>7. Communicate interventions and goals to the caregiving team.</p> <p>8. Document resident/patient daily participation and actual number of minutes.</p> <p>9. Monitor and document resident/patient progress towards goals weekly..."</p> <p>This Federal tag relates to Complaints IN00092525 and IN00092763.</p> <p>3.1-38(a)(2)(A)</p> <p>3.1-38(a)(2)(B)</p>						